

**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: ARM INSERTION TYPE  
SPHYGMOMANOMETER

Attorney Docket Number:: 1019952-000215

Request for Early Publication? No

Request for Non-Publication? No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity? No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Hiroki

Middle Name::

Family Name:: SASAGAWA

Name Suffix::

City of Residence:: Fujinomiya-shi

State or Province of Residence:: Shizuoka

Country of Residence:: Japan

Street of Mailing Address::

City of Mailing Address:: Fujinomiya-shi

State or Province of Mailing Address:: Shizuoka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Katsumi
Middle Name::	
Family Name::	TSUKUDA
Name Suffix::	
City of Residence::	Fujinomiya-shi
State or Province of Residence::	Shizuoka
Country of Residence::	Japan
Street of Mailing Address::	
City of Mailing Address::	Fujinomiya-shi
State or Province of Mailing Address::	Shizuoka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Hitoshi
Middle Name::	
Family Name::	OZAWA
Name Suffix::	
City of Residence::	Fujinomiya-shi

State or Province of Residence:: Shizuoka  
Country of Residence:: Japan  
Street of Mailing Address::  
City of Mailing Address:: Fujinomiya-shi  
State or Province of Mailing Address:: Shizuoka  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address::  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Shinichi  
Middle Name::  
Family Name:: TAKAHIRA  
Name Suffix::  
City of Residence:: Shibuya-ku  
State or Province of Residence:: Tokyo  
Country of Residence:: Japan  
Street of Mailing Address::  
City of Mailing Address:: Shibuya-ku  
State or Province of Mailing Address:: Tokyo  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address::

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/JP2005/001182	01/28/2005

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2004-027107	02/03/2004	Yes
Japan	2004-115794	04/09/2004	Yes

## **Assignee Information**

Assignee Name:: TERUMO KABUSHIKI KAISHA

Street of Mailing Address:: 44-1, Hatagaya 2-chome, Shibuya-ku

City of Mailing Address:: Tokyo

State or Province of Mailing Address::

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::